PAIENT APPLICATION FEE DETERMINATION RECORD Effective tober 1, 2003									1	3/5	0188
	CLAIMS	As FILE	O - PART								
			(Calumn 1) (Calumn 2)				MALL YPE	ENTITY	0	HTO	ER THAN
DTAL CLAIMS							RATE	FEE	_	BATE	L ENTITY
)R		NUMBI	NUMBER FILED		NUMBER EXTRA		BASIC FI			 	1000
ITAL CHARGEABLE CLAIMS		14,	minus 20=				XS 9=		7		1/00
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LTIPLE DEPENDENT CLAIM PRES			ESENT			7 F		 	-JOF	X86=	
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O AN AGLAIMS AS AMENDED - PART II							TOTAL	L	OP		104
(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR		R THAN ^U LENTITY
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	CLAIMS REMAINING		HIGHE	ST		7		ADDI-	1 1	· ·	1 4001
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lependent	•	Minus	***		=	 			OR	X\$18=	
AST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					X4	13=		OR _	X86=		
entry in column 1 is less than the entry in column 2, write "0" in column 3.							45=		OR	+290=	
									OR A	TOTAL DOIT. FÉE	
		For" (Total or	Independent)	is the hi	ghest number	found in	the appr	opriate box	in colur	mn 1,	
H875 (Rev 10	.03)										

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